FILED

Mar 02, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000080602

1. Corporation Name

DRILLING SERVICES, INC.								
							JIBI ABIRI BERIA BIRIK B	EILO ISEK HOOK
Principal Place of Business Mailing Address								
5695 NORTH U.S. HIGHWAY 1 P.O. DRAWER 40								
VERO BEACH FL 32961 US						DO NOT WRITE IN T	HIS SPACE	
			••			3. Date Incorporated or Qualifed	M1 T	
ł						09/17/1997		
2. Principal Place of Business 2a. Mailing Addr			2a. Mailing Address			4. FEI Number	Apr	olied For
21 26			26			59-3472419	Not	Applicable
			Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A	
22	27					5. Certificate of Otalias Bosinos	Fee Rec	quired_
	City & State City & State					6. Election Campaign Financing	\$5.00	
23		28				Trust Fund Contribution	Added to	Fees
ļ	Zip	Country	Country Zip Co		,	8. This corporation owes the current year		152No
24		25 29 30		ــــــــــــــــــــــــــــــــــــــ		Personal Property Tax.	,, <u> </u>	LIZ NO
	Name and Address of Current Registered Agent				Name	10. Name and Address of New Register	en Affeir	
CROCCO, DOMENIC					Ivanie			
1656 40TH AVENUE				82	Street A	Address (P.O. Box Number is Not Acceptable)		
VERO BEACH FL				83		·		
V2.10 J2.10.17 Z				00				
				84	City		EL 85 Zip C	ode
At Discuss to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named cornoration submits this statement for the purpose of chan								registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								jistered
,	SIGNATURE	Translat Will, wild doopt the obligati			ļ			
Ľ	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered					quired when reinstating) DATE		
-	2.			13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR Change	RS IN 12 Addition
	TLE	V CROSSO POMENIO O	☐ DELETE	1.1 TITLE		•	☐ Criange	[2] Addition
1		CROCCO, DOMENIC C		1.2 NAME		CROCCO, LEONARD M		}
STREET ADDRESS		1656 40TH AVENUE			TADDRESS	1000 17TH ST SW		
CITY-ST-ZIP		VERO BEACH FL 32960	☐ DELETE	1.4 CITY-S	T-ZIP	VERO BEACH, FL 32962	☐ Change	☐ Addition
			C DELETE			-	☐ Change	(A) Addition
NAME				2.2 NAME		TUCCILLO, DANIEL R		
STREET ADDRESS					T ADDRESS	201 STRAITSVILLE RD		
CITY-ST-ZIP			☐ DELETE	2. 4 CITY-5 3.1 TITLE	ST-ZIP	PROSPECT, CT 06712	Change	Addition
	TLE		□ DELETE				Griange	
NAME				3.2 NAME	T ADDRESS			
STREET ADDRESS			•	\ \				1
CITY-ST-ZIP				3.4. CITY-5 4.1 TITLE	SI-ZIP	<u></u>	☐ Change	Addition
TITLE			[] DCLC1C	4.1 MILE 4.2 NAME			□ 5.12-190	ا العدادة ال
(AME							
	FREET ADDRESS				T ADDRESS			,
-	TY-ST-ZIP	D		4.4 CITY-ST-ZIP 5.1 TITLE			Change	Addition
1	TLE			5.1 TITLE 5.2 NAME				
1	AME				T ADDRESS			
1 0	TREET ADDRESS!			V.V VINCE	, HUDINEGO			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY+ST+ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DOMENTO CONCROCORE REQUIRED

☐ DELETE

Change

☐ Addition